

Inspection Report

2023-2024

Praxis Care – Clifton Terrace Supported Living

Domiciliary Care

21 March 2024

**Under the Regulation of Care Act 2013 and
Regulation of Care (Care Services) Regulations 2013**



Isle of Man
Government
Killey Ellan Vannin

DHSC

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this announced inspection on the 21 March 2024. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Praxis Care domiciliary care agency is located in Douglas. The service provides a supported living service to people with a mental health condition. The service consists of five individual flats with a communal space for relaxing and socialising. There were also staff facilities including a sleep-in room, which was used to provide overnight support.

The staff team also provided support to a small number of people located in their own homes across the Isle of Man.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

We identified areas for improvement in relation to environmental risk assessments, staff training in equal opportunities, informing the Registration and Inspection Team of notifiable events and conforming to data protection legislation.

Systems were in place to protect the clients from harm or abuse. Risks were assessed and guidelines were in place to manage those risks.

Staff had received the appropriate training to meet the clients' individual needs. Staff sought guidance from other professionals to ensure the clients' day-to-day health and wellbeing needs were met.

Staff knew the clients and the support needed. Staff ensured that the support they provided protected the clients' privacy and respected their choices and rights.

Care plans reflected the clients' physical, mental, emotional and social needs. The clients were supported with participating in social activities and maintain relationships that were important to them.

The interim manager understood their role and responsibilities to deliver what was required. Staff spoke positively about the interim manager and felt supported, respected and valued.

At this inspection, we found all areas for improvement from the previous inspection had been met.

About the service

The service is a domiciliary care agency providing support to people in their own homes. The service also provides support to people living in a 'supported living' setting, so they can live as independently as possible. People's support and housing was provided under separate contractual agreements.

Registered manager status

The service did not have a registered manager. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The service had an interim manager in post at the time of the inspection.

Notice of Inspection

This inspection was part of our annual inspection programme, which took place between April 2023 and March 2024.

Inspection activity started on 21 February 2024. We visited the service on 21 March 2024.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the Provider Information Return (PIR). This contained information about their service, what they do well, and improvements they plan to make. We reviewed notifications, complaints, compliments and any safeguarding issues. The inspector also reviewed a number of policies and procedures.

We attended Praxis Care head office to review the recruitment records for new staff.

During the inspection

We reviewed a range of records. This included clients care records and a variety of records relating to the management of the service, the provider's quality assurance information, staff supervisions, team meetings and satisfaction surveys.

We spoke to one person receiving a service about their experiences of the service provider.

We received feedback from three members of staff, who told us about their experiences of providing care and working with the interim manager. We spoke with the interim manager throughout the inspection.

After the inspection

We reviewed the most recent Internal Audit Summary and gathered further information about the service to support the inspection process.

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires one improvement in this area.

This service was found to be safe in line with the inspection framework.

Systems and processes to safeguard people from the risk of abuse

The provider had systems and processes in place to safeguard the clients from abuse and harm.

All staff members had received training in safeguarding and had attended refresher training, as necessary. The provider also had a safeguarding policy and procedure, which had been reviewed in June 2022.

Staff told us how they would identify and report any safeguarding concerns appropriately and were aware of actions required.

The interim manager had not submitted notifications of all significant events to the Registration and Inspection team in line with regulatory requirements. This will be covered under the 'Well Led' domain.

The interim manager and staff used information from incidents or accidents to identify any potential trends.

We spoke with one client who told us they felt safe with the staff.

Assessing risk, safety monitoring and management

The provider had assigned keyworkers to the clients upon admission. The interim manager and keyworker had completed a comprehensive assessment of the clients' needs prior to them receiving a service. This assessment, supplemented by other information from the placing social worker and other professionals, was used to develop person-centred support plans.

The interim manager and keyworker had produced comprehensive risk assessments, which promoted the clients independence. The client had signed the risk assessments. The interim manager and/or the keyworker had reviewed the clients' risk assessments regularly and adapted them to meet their changing needs.

Care records included relevant information in order for care staff to understand how best to manage any identified risks.

The interim manager had not produced environmental risk assessments to cover any potential harm to people using the communal areas, laundry room or staff using the staff kitchen. The provider had a risk management policy, which had been reviewed in September 2023.

Paper records were stored in locked cabinets within an office that staff ensured was locked when not in use. Staff could only access information stored electronically with the use of a user name and password.

Clients were asked on admission if they wanted a copy of their file and were assured at each review meeting they could have a copy, if they so wished.

Staffing and recruitment

The provider had recruited staff safely. The process for recruiting staff was clear and there was evidence through records that this was consistently followed, providing a clear audit trail of decision-making.

Staff recruitment records were well maintained and all contained the required documentation.

All staff were up-to-date with their Disclosure and Barring Service (DBS) checks.

There were arrangements in place to ensure there were sufficiently skilled and suitable staff working on each shift.

Action we require the provider to take

Key areas for improvement:

- Action is required to ensure that environmental risk assessments are completed to cover all areas of the building, to ensure the health and safety of the staff and clients.

[This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety](#)

Inspection Findings

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service does not require any improvements in this area.

This service was found to be effective in line with the inspection framework.

Assessing people’s needs and choices; delivering care in line with standards, guidance and the law

All clients had a very comprehensive assessment of needs completed prior to receiving a service. All clients also had care plans and risk assessments, which contained information identifying the level of support the client required to promote their independence, as much as possible.

Staff felt they were given sufficient support to care for the clients. Information was available to enable them to give clients the most appropriate support to meet their needs.

The interim manager had a system in place that showed when staff had spent time with clients. This was corroborated with information recorded on the client’s daily records.

Staff had the appropriate skills and received specific training to meet the individual needs of the clients. Staff had attended human rights training and the provider had an equal opportunities policy.

Staff support; induction, training, skills and experience

Staff told us they had received an induction when they commenced employment, as well as regular and ongoing supervision sessions, enabling them to discuss their work and improve their practice.

Staff had completed all mandatory training, identified within the Domiciliary Care Minimum Standards (Isle of Man Department of Health and Social Care). Staff had also completed additional training to meet the individual needs of the clients.

One member of staff told us, “We receive very good support here, including very thorough training and guidance.”

The interim manager had not carried out annual ‘spot-checks’ on staff working with the clients because this was not conducive to the clients’ support; however, the interim manager did work on shift and alongside the staff and could address any concerns or issues straightaway.

Clients were independent in their medication regime; staff did not administer medication.

Staff had regularly attended monthly team meetings. Minutes of the meetings were available showing staff that attended and agenda items discussed.

Inspection Findings

C3 Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service requires one improvement in this area.

This service was found to be caring in line with the inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity

Clients were well supported and treated with respect. We observed kind and caring interactions between staff and their clients. One client told us that the carers speak to them every day and feel they do a good job. Keyworkers also meet with the client weekly for a more formal one-to-one meeting.

We saw recognition in support plans of the need for clients to receive emotional reassurance to manage their anxieties and worries.

The interim manager and the client's keyworker had reviewed the clients care plans and risk assessments, with the client on a regular basis. All staff had an opportunity to read the clients' care plans and risk assessments.

Staff had received specific training to meet the individual needs of the clients.

The service had supported clients to attend regular appointments with health care professionals, and other services, or emergency appointments if their needs had changed significantly. Clients were supported to participate in community-based services, such as the College or voluntary community groups, for example, Men in Sheds.

Supporting people to express their views and be involved in making decisions about their care

Clients were supported to express their views and be involved in making decisions.

Care plans and risk assessments included information promoting as much independence for the client, where possible. The interim manager and the client's keyworker had reviewed clients care plans regularly, with the client, especially if their needs had significantly changed.

The provider has a system in place to receive formal feedback from clients regarding the services they received.

The clients met with the interim manager and staff members in twice monthly 'tenants meetings.' Records of these meetings were available for inspection.

Clients had opportunities to meet with their social worker and other professionals when necessary.

How are people's privacy, dignity and independence respected and promoted?

The clients' privacy, dignity and independence were respected and promoted.

The provider had a confidentiality policy and staff had attended data protection training.

Clients were informed of their rights to confidentiality within the service user handbook, which also referred to a 'privacy notice', giving more details on what information the provider keeps regarding the clients and what they do with that information.

The provider asked clients to sign an 'information sharing agreement', identifying whom they may share information with; however; this document had an excessive number of acronyms, making it difficult to read and understand. We recommend that the provider makes this simpler for the benefit of the clients.

Clients were able to follow routines of their own choosing. We saw clients move around freely, mixing and chatting with the staff and going out to meet with friends and family, if they so wished.

Staff told us they encouraged clients as much as possible to be as independent and gave clients the time and privacy they required. Staff did not support the clients with personal care and dressing.

Staff had not attended equal opportunities training or equality, diversity and inclusion training. Staff told us they had tried to complete on-line refresher training in equal opportunities; however, the course was no longer available.

We observed staff knocking on doors and gaining permission to enter the clients flat.

Action we require the provider to take

Key areas for improvement:

- Action is required by the provider to ensure equal opportunities, or equality, diversity and inclusion training is available to all staff.
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met clients' needs. The service requires one improvement in this area.

This service was found to be responsive in line with the inspection framework.

Planning personalised care to ensure people have choice and control to meet their needs and preferences

There was evidence that the client and, where necessary, their family and/or significant others to the client, had been involved in the development of the client's care plans and risk assessments.

Care plans were personalised, individualised and captured client's individual needs and preferences. The care plans demonstrated how independence was promoted and quality of life was taken into account.

There had been good communications with health care professionals and other agencies. Care plans had included information from other services supporting the care of the clients, such as the Community Mental Health Team. Initial assessments had included information supplied by social workers and medical professionals, where necessary.

The service had reviewed care plans and risk assessments regularly, when necessary, to meet the changing needs of the clients; however, some changes were entered, in handwriting, onto the care plans with no evidence that those changes had been agreed by the client, or significant others to the client.

Care plans and daily records showed that the service had supported clients with community-based activities, for example, men-in-sheds, the wildlife park and the cinema. Staff also supported the clients with attending the gym and travel training, where necessary.

Clients told us staff had also supported them with attending medical appointments, going grocery shopping and to the pharmacy, when they had requested for that support.

Improving care quality in response to complaints and concerns

The provider had an established complaints procedure in place and this was on display on the notice boards. There were also posters informing clients of how to make a complaint.

A service user guide and statement of purpose contained information in relation to how to make complaints or raise concerns. The service user' guide gave assurance that the complainant will not be treated any differently if they do complain.

The provider listened to clients' concerns and complaints, responded to and used those concerns to improve the quality of care and support. The service had received one complaint since the last inspection. The provider followed their policy and the Head of Service concluded the complaint to a mutual satisfaction.

The client we spoke with said they would feel able to speak with any member of staff if they had any concerns, and were confident they would be listened to.

The service maintained a log of complaints, which was available for inspection. Complaints about the service formed part of the service's annual report

Action we require the provider to take

Key areas for improvement:

- Action is needed to evidence that, following a review of their support package, any changes to the client's care plans are signed by the client to signify their consent to the changes.

This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.

Inspection Findings

C5 Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service requires improvements in this area.

This service was found to be well-led in line with the inspection framework.

Does the governance framework ensure that responsibilities are clear and that quality performance and risks and regulatory requirements are understood and managed?

Systems were in place for the monitoring and reviewing the quality of care provided to the clients. The Head of Operations produced an electronic monthly monitoring report as part of quality governance, covering areas including a health and safety audit, an audit of service user files, staff supervisions, premises checks and petty cash.

The provider also completed an internal audit, consisting of an unannounced visit from officers based at Praxis Care head office.

All audits produced an action plan for the interim manager to complete, which addressed any areas for improvement. The interim manager also checked on the quality of the daily log entries.

The service sent out quality assurance questionnaires to the clients, staff members and other stakeholders. The interim manager had collated information from the quality assurance exercise and had identified areas of the service that required improvement.

The interim manager had completed a minimum of four one-to-one supervisions with staff members, in the previous year. Staff had also received an annual appraisal of their performance.

The interim manager demonstrated an understanding of the legislation applicable to their service and the legal requirements under the Regulation of Care Act 2013; the Registration and Inspection Team had been notified of all significant events identified under Regulation 10 of the Regulation of Care (Care Services) Regulations 2013.

The interim manager had a current up-to-date job description, identifying their role and responsibilities. The interim manager had received regular supervision and an annual appraisal of their performance from their line manager.

Team leaders within the staff team also had a job description and had the responsibility of supervising staff members. The interim manager and team leaders had received training specific to supervising staff.

Staff told us they felt well supported by the interim manager, they were approachable and easy to talk to.

The provider used agency staff to cover shortfall in the rotas caused by annual leave and sickness absence. Employment records for agency staff had included a copy of their birth certificate and passport. To conform to data protection legislation, copies of these records must not be stored within the staff files.

The provider had installed Close Circuit Television Cameras (CCTV) to the front and rear entrances to the building, to capture images for security measures. There was no signs informing people of the CCTV; the provider did not produce a CCTV policy; did not have a Data Protection Impact Assessment (DPIA); had not consulted with the Isle of Man Information Commissioner or register the use of the cameras with them.

How does the service work in partnership with other agencies?

Information contained within the clients care plans demonstrated that the provider had worked in partnership with other agencies. The interim manager and staff has developed positive relationships with visiting health and social care professionals which enables joined up care.

Action we require the provider to take

Key areas for improvement:

- Action is necessary by the interim manager to ensure that copies of personal documents are removed from agency staff files
[This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records](#)
- Action is required to ensure that the use of CCTV fully conforms to current Isle of Man Data Protection Legislation.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.